Patient Consent

I have read this brochure in its entirety and discussed its contents with my clinician. My clinician has answered all my questions and has advised me of the risks and benefits associated with the use of ParaGard® T 380A, with other forms of contraception, and with no contraception at all.

I have considered all these factors and voluntarily choose to have ParaGard® T 380A inserted by

_____ on date _____

Clinician

Patient Signature _____

The patient has signed this brochure in my presence after I counseled her and answered all her questions.

_____ _____

Clinician Date

This ParaGard® T 380A is scheduled for removal on _____

Manufactured by FEI Products LLC

ECR #1360
1016800

Mirena®

(levonorgestrel-releasing intrauterine system)

(sistema intrauterino liberador de levonorgestrel)

CONSENT FORM
FORMULARIO DE CONSENTIMIENTO

I have read the patient information booklet and have had my questions about MIRENA® answered. I choose to have MIRENA® inserted by

He leído el folleto de información para pacientes y he recibido respuesta a todas mis preguntas acerca del dispositivo MIRENA®. *He decidido que el dispositivo* MIRENA® *sea colocado por*

Health care Provider's Name
Nombre del médico

Patient's Signature
Firma de la paciente

Date/*Fecha*

The patient has signed this consent form in my presence after I counseled her and answered her questions.
La paciente ha firmado este formulario de consentimiento en mi presencia después de haberla asesorado y respondido a sus preguntas.

Health care Provider's Signature
Firma del médico

Date/*Fecha*

The system is scheduled for removal on _____
El dispositivo debe ser retirado por el médico el

Date/*Fecha*

Manufactured for:
Fabricado para:

BERLEX®